



## CONNECTICUT ENVIRONMENTAL HEALTH ASSOCIATION

March 4, 2009

*Written Testimony of David W. Boone, Legislative Chairman, Connecticut Environmental Health Association*

### Governor's Bill # 847 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH

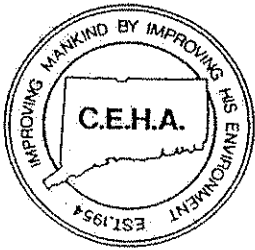
Honorable Members of the Public Health Committee:

My name is David Boone, I am the Director of Health for the Town of Glastonbury, and am speaking on behalf of the Connecticut Environmental Health Association, known as CEHA. CEHA's members include a variety of environmental and public health professionals, but primarily consist of local health department sanitarians.

### **CEHA is opposed to the proposed changes in per capita funding to local health departments and the restructuring of district health departments.**

As you are well aware, municipalities are struggling to continue to provide necessary programs and services for our residents. Elimination of all state funding from municipal health departments and smaller health districts obviously will severely impact staffing and the ability to perform the functions necessary to protect our citizens. The case of district funding is no less critical. Districts depend on fees, per capita funds, and grants. As the recession has led to reduced fee payments, a 40% cut in per capita funding could be disastrous to their continued function.

You are also well aware that local health departments are the on-the-ground presence in the areas of sewage disposal, restaurant inspection, childhood lead poisoning investigation, well water matters, and outbreak investigation, to name a few of our responsibilities. Which responsibility will not be delivered as a result of insufficient funding? Bear in mind local health departments are in large part the enforcers of the State Public Health Code relative to environmental matters. In spite of the absence of State funding, our responsibilities under law remain unchanged. The proposed changes to the per capita funding will impact every single local department in the State; specifically: provide no funding to 28 "part-time" departments, 32 "full-time" departments, and 7 current health districts. Local health departments should not be asked to sustain the largest percentage cut in the State Health Department's budget.



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On the matter of the creation of "regional health departments", it is clear that over the years, local health has been on the forefront of regionalization of services. The larger district health departments such as the Torrington Area, Farmington Valley, North Central, and Northeast District are examples of how regionalized public health services have been delivered for decades. The large recent growth of the Chatham, Uncas, Eastern Highlands and the newly formed Connecticut River Area District, to name a few, proves municipalities are clearly interested in regional public health services. The per capita funding, as presently exists, offers to each town joining a district far greater financial incentive compared to the State funding available to an individual town with its own health department. This is an incentive to regionalize. With the proposed regional structure defined in Governor's Bill 847, there is no incentive for towns to join a district in their area if it serves less than 50,000 people. As the public health services needed in rural or suburban areas often is different from the needs of more urban areas, it is quite likely that smaller towns will not be interested in forming regional departments with more metropolitan cities. Removing funding to small health districts may, in fact, act as an anti-incentive to regional health department formation.

Thank you for the opportunity to comment on this matter.

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